

Enhancing Interprofessional Relationships Between Nurses And Resident–Physicians In Graduate Medical Education

Agatha Parks-Savage, EdD, RN, LPC

Linda R. Archer, PhD

Eastern Virginia Medical School, United States of America

Abstract

The culture of medicine in the United States has undergone and continues to experience substantial change. Those who provide medical education are being challenged to modify curricula and educational activities to engage residents and fellows in this new culture. In his 2007 Presidential Address to the Association of American Medical Colleges, Darrell Kirch, MD, spoke of the culture changes in medicine that are affecting the profession and the educational training programs. Academic medicine was historically defined as individualistic, autonomous, scholarly, expert-centered, competitive, focused, high-achieving, and hierarchical. The culture must now evolve to reflect collaboration, transparency, outcomes-focus, mutually accountable, team-based, service-oriented, and patient-centered. Knowing this, the culture of graduate medical education is now focusing on interprofessional skill building with its residents and fellows.

Keywords: Interprofessional Care, Collaboration, Nurses–Physicians, Graduate Medical Education

Introduction

In the United States, the Accreditation Council for Graduate Medical Education (ACGME) is responsible for accrediting post–medical school training programs (Graduate Medical Education or GME), including internships, residencies, and subspecialty fellowship programs. The ACGME has identified core requirements for educational programs (General Competencies) that include medical knowledge, patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. Although the areas of medical knowledge and patient care are traditional areas of educational focus, the remaining four areas are challenging medical educators and their institutions to educate residents and fellows in these non-traditional areas.

The culture of medicine in the United States has undergone and continues to experience substantial change. Those who provide medical education are being challenged to modify curricula and educational activities to engage residents and fellows in this new culture. In his 2007 Presidential Address to the Association of American Medical Colleges, Darrell Kirch, MD, spoke of the culture changes in medicine that are affecting the profession and the educational training programs. Dr. Kirch noted that the culture of academic medicine was historically defined as individualistic, autonomous, scholarly, expert-centered, competitive, focused, high-achieving, and hierarchical. But this culture, he observed, has evolved to one that is collaborative, transparent, outcomes-focused, mutually accountable, team-based, service-oriented, and patient-centered. As he stated, “To put it in simplest terms, when most of us entered academic medicine it was about achieving your ‘personal best.’ Now it has become the quintessential ‘team effort’” (Kirch, 2007). In summary, the concept of teamwork and the development of collaborative relationships are of utmost importance.

Many studies in medical education confirm Dr. Kirch’s concept of the changing culture in academic medicine, especially in the areas of teamwork and the physician–nursing relationship. Indeed, involving nursing in the education of physicians seems like a logical step to enhance both teamwork and the relationships among nursing and physicians. These relationships are nuanced, and educators do well when they are sensitive to the factors that facilitate communications and collaborations among nursing and physicians. For example, Howe *et al.* (2000) found that although nursing can be an integral facet of the education of physicians, the differences in the hierarchies of nursing and physicians can raise concerns about the role of nursing in the educational setting. McCaffrey *et al.* (2010) explored the notion of interdisciplinary collaboration and found that effective communication among all members of the health care team are essential and that educational programs on communication can facilitate better interactions among the members of healthcare teams. Similarly, Muller-Juge *et al.* (2013) observed that one of the most critical aspects for healthcare teams to manage is interprofessional collaboration. Walsh *et al.* (2014) found that the resident physicians in their study were unclear about the scope of practice of Nurse Practitioners. They surmised that if physicians understood the scope of practice of Nurse Practitioners, they would better understand the constructive role Nurse Practitioners play in patient care. Research supports the importance and utility of interprofessional care, which has been defined as “nurses and physicians working together, sharing responsibilities for solving problems, and making decisions to formulate and carry out plans for patient care” (Baggs *et al.*, 1997).

The ACGME has responded to this changing culture and increasing need for interdisciplinary healthcare by revising and enhancing their accreditation requirements; to these ends, ACGME has added the Clinical Learning Environment Review (CLER). The CLER is a key component of the revised Next Accreditation System with the aim of promoting safety and quality of care. The CLER activities focus on engaging residents and fellows in patient safety, quality improvement, care transitions, supervision, fatigue management and mitigation, and professionalism (Nasca *et al.*, 2012; Weiss *et al.*, 2012). The CLER initiative is directly related to the cultural elements described by Kirch (Kirch, 2007).

Interprofessional relationships are closely linked to the focus areas of patient safety, quality improvement, and professionalism. Healthcare professionals are challenged to work within interprofessional teams, but essential elements such as high quality and safe patient care often are not formally addressed in medical curricula. When interprofessional skills are mentioned, sometimes they are presented with little formal, explicit direction about how to develop and apply the skills necessary to work in teams and to develop collaborative relationships. In this paper, we will share how Eastern Virginia Medical School, in collaboration with our primary teaching hospital, Sentara Norfolk General Hospital, collaborated on development and implementation of educational programs and activities to enhance the interprofessional collaboration between nurses and resident physicians.

Interprofessional medical education and activities

Eastern Virginia Medical School (EVMS) is a community based institution that partners with local and regional hospitals to provide the clinical learning environment. In academic year 2015–2016, EVMS reported 26 ACGME-accredited programs. Fourteen of these are residency training programs with approximately 290 trainees and 12 fellowships with 25 trainees.

Sentara Norfolk General Hospital (SNGH) serves as the primary teaching hospital and provides the clinical learning environment for EVMS residents and fellows. SNGH is a 525-bed tertiary care facility that serves the region with a Level-1 trauma center (the top level in the United States), a burn unit, and a nationally ranked heart program. SNGH was the first hospital in southeastern Virginia to be named a Magnet Hospital by the American Nurses Credentialing Center (American Nurses Association, 2016). Fewer than 5% of U.S. hospitals have earned this credential, and research indicates that Magnet hospitals consistently outperform their peers in recruiting and retaining nurses, which leads to high-quality care, lower recruitment, training, and temporary labor costs, and more stable institutions (Kelly *et al.*, 2011).

In August 2012, EVMS and SNGH participated in the beta testing of the ACGME's CLER. The CLER reports describe the integration of the residents and fellows into the hospital's formal systems of care but do not provide an assessment or recommendations for change. The findings of the 2012 report prompted discussion between EVMS and SNGH regarding several areas for corrective action and improvement. Members of both institutions agreed that one of the areas in which their activities would have the most impact was enhancing the relationships between nursing and physicians.

Before the collaborative planning and resulting activities, SNGH nurses and EVMS resident physicians functioned in what could be described as typical communication transactions. In this model, typical transactions involved the physician writing an order for a patient and the nurse following through with the order. Sometimes there may have been brief conversations related to clarifying orders, but in reality there were few discussions related to patient issues or hospital quality improvement initiatives. Accordingly, the leadership of EVMS and SNGH joined together to emphasize and enhance interprofessional collaborations among nurses and resident physicians. A CLER Executive Council was formed and included leadership from both EVMS and SNGH. The CLER Executive Council was charged with oversight of the CLER enhancement activities. The EVMS members included the Vice Dean for Graduate Medical Education and the Assistant Dean for Graduate Medical Education. The Sentara members included the President of SNGH, Vice President for Medical Affairs, and the Director of Accreditation, Patient Safety, Quality Management, and Infection Prevention and Control. The Council identified several opportunities for enhancing the relationships and promoting interprofessional activities, including development of the EVMS/SNGH Resident Patient Safety and Quality Improvement Council, Nursing Professional Development Programs, an orientation for residents when first assigned to a hospital ward service, an orientation for fourth-year medical students regarding the roles of nursing and methods for developing collaborative interprofessional relationships, and the appointment of the Assistant Dean for Graduate Medical Education on the SNGH Nurse Residency Program Advisory Council. Following is a description of each of these activities and contributions to cultivating interprofessional quality medical care.

EVMS/SNGH Resident Patient Safety and Quality Improvement Council. The EVMS/SNGH Resident Patient Safety and Quality Improvement Council (Council) consists of 46 residents and fellows from 14 specialty training programs. The Council includes no faculty members, but the SNGH Vice President for Medical Affairs and the SNGH Director of Accreditation, Patient Safety, Quality Management, and Infection Prevention

and Control (a nurse), as well as the EVMS Assistant Dean for Graduate Medical Education and the EVMS Risk Manager attend and facilitate the meetings. The Council meets monthly at SNGH to discuss and share concerns related to patient safety and quality improvement and to identify, discuss, and implement potential solutions. The Vice President for Medical Affairs and the other SNGH leadership staff provide feedback regarding hospital-based patient safety and quality improvement initiatives and share strategies to encourage residents and nurses to collaborate and enhance existing patient quality care. As residents began to engage in the quality improvement and patient safety processes, they requested that nursing leadership also attend the Council meetings. As a result, the SNGH Director of Clinical Area Services (nursing), the SNGH Chair for Advanced Nursing Practice Council (nursing), and the SNGH Quality Improvement Coordinator (nursing) were invited to attend the Council meetings. The addition of nursing leadership led to enhanced dialog about patient-care issues and the implementation of processes for improving bedside care of the patients.

Nursing Professional Development: Novice Nurse Orientation.

During the 2012 CLER visit, it became evident that nursing was sub-optimally integrated into the educational processes for the resident physicians, and some of the novice nurses were not aware they were working at a teaching hospital. To enhance the knowledge base of the novice nurses, the EVMS Assistant Dean for Graduate Medical Education developed an orientation for novice nurses. This orientation included an introduction to the educational pathway for physicians, discussions about the role of the physician in the care of patients, and communication skills. The EVMS Assistant Dean for Graduate Medical Education and resident physicians provide the orientation. The inclusion of the resident physician provides an opportunity for the novice nurses to gain experience in communicating directly with the resident physicians. Orientation topics include: Longitudinal Progression from Medical Student to Resident/Fellow, Defining the Accreditation Council for Graduate Medical Education, its Next Accreditation System and Clinical Learning Environment Reviews, Explaining the Core Education Program Requirement for Residents, Role of Nurses as Teachers to Residents, and Faculty Supervision Requirements of Residents. The Orientation involves both lectures and communication simulation experiences.

Nursing Professional Development Clinical Leadership Training: Nurses as Teachers to Residents. When the interprofessional quality initiative began, the clinical nursing leadership at SNGH was already providing quarterly lectures on nursing and teaching. After discussions between EVMS and SNGH leadership, one of the quarterly lectures was dedicated to educating nursing about their roles as teachers to resident

physicians. As with the orientation for novice nurses, the session is presented by the EVMS Assistant Dean of GME and a resident physician. The new lecture includes teaching and learning principles from the nursing perspective, along with teaching case discussions, and video vignettes that illustrate teaching situations relevant to nurses.

Video Vignettes on Nursing and Resident Communication. A 5-part video vignette series was developed at the Sentara Center for Simulation and Immersive Learning at Eastern Virginia Medical School. The video vignettes were authored by EVMS residents and SNGH nurses and simulate conversations that identify common communication barriers that could potentially affect patient care. As the videos progress, viewers see typical exchanges that highlight shortcomings in communications and then model ways in which both nurses and interns can collaborate to improve patient care. The video vignettes are presented in coordination with lectures and discussion about effective communication. Each video vignette is less than 4 minutes long and stimulates conversations on how to overcome communication barriers. Topics include:

Nurse calls intern to see the patient:
<https://connect.evms.edu/vignette1/>

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Nurse calls chief resident: <https://connect.evms.edu/vignette2/>

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Interns Rechecks Patient: <https://connect.evms.edu/vignette3/>

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Nurses talks with charge nurse: <https://connect.evms.edu/vignette4/>

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Chief Resident and intern see the patient:
<https://connect.evms.edu/vignette5/>

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Resident Ward Orientation. When residents and fellows are initially assigned to a hospital ward service, it is frequently the first time they have been on that unit. They may not be aware of where supplies are located, who is in charge, how patients are admitted to the unit, or other items necessary for successful patient care. The EVMS Assistant Dean for GME and the SNGH nursing leadership collaborated to develop a ward-specific orientation that is provided by the ward nursing leadership to new residents and fellows assigned to the unit. Information presented includes an orientation to the

specific unit's patient safety and quality improvement initiatives, identification of the nursing leadership team for the particular nursing unit, any specialty services specific for that nursing floor, specialty training that nurses have received to enable them to carry out any patient bedside orders unique to that unit, emergency nursing contact information, and location of the equipment and supply closet. The orientation is welcomed by residents and fellows both for the substantive and useful information provided and for the opportunity to meet and begin working with nursing staff who are a key part of the interprofessional care on the ward.

Orientation for Fourth-Year Medical Students Transitioning to Residency. EVMS provides its fourth-year medical students with a course that prepares them for the transition from medical school to residency. The EVMS Office of Graduate Medical Education was asked to participate in designing the course and to address various topics related to what rising interns needed to know related to residency training. The topics included tips from current residents, working with your program director and coordinator, and working within inter-professional team of nurses. Pereira *et al.* (2016) explored the skills and expertise that residents believe to be necessary for their initial year of residency. One of the most frequently cited skills was the ability to communicate with other providers during patient care transitions. With this knowledge, a session to foster the interprofessional roles of nursing and residents, particularly the skills for developing collaborative relationships is included.

SNGH Nurse Residency Program Advisory Council. The SNGH Nurse Residency Program Advisory Council (Council) was established to identify skills that novice nurses need as they transition into practice. The Council's charge is to oversee and make recommendations about the curriculum for the novice nurses. The Assistant Dean for GME was asked to serve on the Council, which currently is identifying interprofessional educational needs related to nurses and resident physicians.

Conclusion

The culture of medicine in the United States is changing, and medical education institutions are being challenged to ensure that resident physicians and fellows develop the skills necessary to work effectively within this emerging and evolving culture. With the shift toward interprofessional team approaches to patient care, residents and fellows are entering into a clinical system in which collaboration and teamwork skills are essential to safely manage the care of the patient. At EVMS and SNGH, we are actively preparing our resident physicians for this cultural shift. Interprofessional care is no longer an option, but a necessity.

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